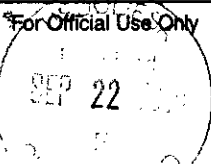


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 028-624	2. PERIOD COVERED MO DAY YEAR From 07 01 1999 Through 06 30 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4		
4. AFFILIATION OR ORGANIZATION NAME UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA			
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 333	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No			
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
57. SIGNED: X Robert J Odell X 9/13/2000 Date (724) 335-6971 Telephone Number		58. SIGNED: X Bruce Daniels X 9/13/2000 Date (724) 339-2624 Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes No

X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

X

12. Have a political action committee (PAC) fund?

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

X

15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

X

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?

X

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

X

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

294

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

\$

10 000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

X

22. What is the date of your organization's next regular election of officers?

MO

YEAR

06 2003

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

(a) Regular Dues/Fees \$ 18.50 per MO
(Month, Year, etc.)

(b) Initiation Fees

\$ _____

(c) Transfer Fees

\$ _____

(d) Work Permits

\$ _____ per _____
(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 028-624

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. Last Name: ODDIS First Name: ROBERT Title: PRESIDENT Status: C		222	150	372
2. Last Name: FLOREK First Name: DENNIS Title: VICE PRESIDENT Status: C		80		80
3. Last Name: TEDESCO First Name: BRYAN Title: FINANCIAL SECRETARY Status: C		1360		1360
4. Last Name: WHITE First Name: BERNARD Title: RECORDING SECRETARY Status: C		928		928
5. Last Name: DANIELS First Name: BRUCE Title: TREASURER Status: C		928		928
6. Last Name: RINGUS First Name: PETER Title: TRUSTEE Status: C		222		222
7. Last Name: ENGLE First Name: JOHN Title: TRUSTEE Status: C		222		222
8. Totals from additional pages (if any)		382	180	562
9. Totals of Lines 1 through 8		4344	330	4674
10. Less Deductions				
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 4674		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 028-624

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	23 228	27 065	32. Accounts Payable	0	0
	26. Loans Receivable			33. Loans Payable	0	0
	27. U.S. Treasury Securities			34. Mortgages Payable	0	0
	28. Investments			35. Other Liabilities	0	0
	29. Fixed Assets	37 750	37 750	36. TOTAL LIABILITIES	0	0
	30. Other Assets			37. NET ASSETS (Item 31 less Item 36).....	60 978	64 815
	31. TOTAL ASSETS.....	60 978	64 815			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	45 619	45. To Officers (from Item 24)	46 74
	39. Per Capita Tax		46. To Employees (less deductions)	
	40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax <i>AFFILIATION PAYMENTS</i>	29 176
	41. Interest & Dividends	403	48. Office & Administrative Expense	717
	42. Sale of Investments & Fixed Assets		49. Professional Fees	500
	43. Other Receipts <i>RENT INCOME</i>	3850	50. Benefits <i>BUILDING EXPENSES</i>	5796
	44. TOTAL RECEIPTS	49 872	51. Contributions, Gifts & Grants	637
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	
			53. Loans Made	4535
			54. Other Disbursements	
			55. TOTAL DISBURSEMENTS	46 035

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AMERICA

ENDING DATE OF PERIOD COVERED: JUNE 30, 2000

LU 333

FILE NUMBER: 028-624

PAGE 1 OF 1 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)			
Last Name <u>LOTT</u> Title <u>TRUSTEE</u>	First Name <u>WILLIAM</u> Status <u>C</u>	<u>222</u>	<u>180</u>	<u>402</u>
Last Name <u>HUIZDOS</u> Title <u>WARDEN</u>	First Name <u>ROBERT</u> Status <u>C</u>	<u>80</u>		<u>80</u>
Last Name <u>ZENEWICZ</u> Title <u>CONDUCTOR</u>	First Name <u>JOHN</u> Status <u>C</u>	<u>80</u>		<u>80</u>
Last Name Title	First Name Status			
Last Name Title	First Name Status			
Last Name Title	First Name Status			
Last Name Title	First Name Status			
Last Name Title	First Name Status			
Totals		<u>382</u>	<u>180</u>	<u>562</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Totals				